Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submi	ission Identification Number (SID)		-					
Taxpaye	er's name	Social securi	y numl	per				
DIV	YA TEJA TELU	369-61-9386						
Spouse'	's name	Spouse's soc	ial sec	urity numb	er			
Part	Tax Return Information — Tax Year Ending December 31, 2023 (Er	nter year you a	re au	thorizin	g.)			
	whole dollars only on lines 1 through 5.	, ,			<u> </u>			
Note:	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1		5,420.			
2	Total tax		2	1	5,454.			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3	1	6,543.			
4	Amount you want refunded to you		4		1,089.			
5	Amount you owe		5					
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get an	id keep a cop	y of y	our ret	urn)			
to send for any Agent t payment authoric payment business taxes t persona	(original or amended) I am now authorizing. I consent to allow my intermediate service provider, traid my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account not find from the force and effect until I notify the U.S. Treasury Financial Agent to terming the U.S. Treasury Financial Agent to terming the function of the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended)	rejection of the tree U.S. Treasury a indicated in the tatution to debit the nate the authorizarequests must be the processing of the payment. I further the treasure of the payment. I further treasure of the payment. I further treasure of the payment.	ansmin nd its of ax preparently entry ation. The ereceif the elections	ssion, (b) designate paration s to this ac Fo revoke ved no la ectronic knowledge	the reason of Financial oftware for count. This councel a later than 2 coayment of get that the			
	nic Funds Withdrawal Consent.				7			
-	yer's PIN: check one box only	. 511 1	9 3	3 8 6				
×	I authorize GLOBAL TAXES LLC to enter or general support t	ř En		digits, but				
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	;			
	I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN m below.							
Your s	signature ▶ Divya Teja Telu Date ▶	≥ 28Jan20	24					
Spous	se's PIN: check one box only				_			
	I authorize to enter or genera	ate my PIN			as my			
	ERO firm name	En		digits, but	i i			
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	er all zeros	;			
	I will enter my PIN as my signature on the income tax return (original or amended) I are if you are entering your own PIN and your return is filed using the Practitioner PIN m below.							
Spous	se's signature ▶ Date ▶	•						
	Practitioner PIN Method Returns Only—continue bel	ow						
Part	Certification and Authentication — Practitioner PIN Method Only							
ERO's	S EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2 2 4 9	6 6	1 9	8 9			
	= 100 mil Enter your one argit Enterior out by your mod argit com concern mil	Don't ent	- 1 -					
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual incompared to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am suments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers	ubmitting this retu	ırn in a	accordan				
ERO's	signature ▶ Date ▶	•						
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested T							

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



£1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this spac	ce.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ding			, 20		See se	oarate i	instructions	 3.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity numbe	
DIVYA TI	EJA		TELU	Г							369	61	9386	
		s first name and middle initial	Last nar										security nur	nbei
		er and street). If you have a P.O. box, see	instruction	ons.				P	pt. no.	- 1			ection Camp	aign
643 N C						04-	4-	710 -					ou, or your jointly, want	\$3
		ice. If you have a foreign address, also co	ompiete sp	paces bei	ow.	Sta		ZIP c				_	nd. Checking	
SAN DIMA			1.		avinas/atats/	CA		917					not change	
Foreign country	y name			-oreign pr	ovince/state/	Courit	y	roreig	ın postal c	oue	your tax	or reid		ouse
Filing Status	, ×	Single					Head of he	ouseh	old (HOH	——↓ ∃)				
Check only		Married filing jointly (even if only o	ne had ii	ncome)										
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spou	use (C	QSS)			
	lf y	you checked the MFS box, enter the	name o	of your sp	oouse. If you	u che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ialifying person is a child but not you	ur depen	ident:										
Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	l, award, or	payn	nent for prope	rty or	services); or (b) sell,			
Assets	exch	nange, or otherwise dispose of a dig	ital asse	t (or a fir	nancial inter	est ir	n a digital asse	t)? (Se	ee instru	ction	s.)		es 🛚 No	
Standard	Som	neone can claim: 🗌 You as a de	pendent	t 🔲	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien								
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind Sp o	ouse	: Was bor	n befo	re Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) S	ocial security	,	(3) Relationsh	ip (4) Check t	he bo	x if quali	fies for (see instruction	ons):
If more		(1) First name Last name		number to yo			to you	ou Child		ax cre	edit	Credit fo	or other depend	dents
than four									[
dependents, see instruction	c ——								[
and check	· 													
here														
Income	1a	Total amount from Form(s) W-2, b	,		,						1a		105,42	0.
Attach Form(s)	b	Household employee wages not re	•		` '						1b			
W-2 here. Also	С									1c				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									1d			
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26								1e				
was withheld.	f	Employer-provided adoption bene	efits from	i Form 8	839, line 29						1f			
If you did not get a Form	g	Wages from Form 8919, line 6 .									1g			
W-2, see	h	Other earned income (see instruct	,					· ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1i</u>						105 40	^
	z	Add lines 1a through 1h			· · ·	 . –					1z		105,42	U .
Attach Sch. B if required.	2a	· –	2a				axable interest				2b			
roquiicu.	3a_		3a				rdinary divide				3b			
Standard	4a	-	4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			
Single or Married filing	6a	,	6a		ala a al chini		axable amoun	τ			6b			
separately, \$13,850	C	If you elect to use the lump-sum e		-		•	,				1 -			
Married filing	7	Capital gain or (loss). Attach Sche		•						. L	7			
jointly or Qualifying	8	Additional income from Schedule	-								8			0.
surviving spouse, \$27,700	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		•							9		105,42	<u>.</u>
Head of	10	Adjustments to income from Sche									10		10E 40	
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11		105,42	
If you checked	12	Standard deduction or itemized					 E A				12		13,85	<u>u.</u>
any box under Standard	13	Qualified business income deduct									13		12 05	<u> </u>
Deduction, see instructions.	14	Add lines 12 and 13									14		13,85	

Form 1040 (2023	3)							Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	3 🗌	1	6 15,454.
Credits	17	Amount from Schedule 2, lir					1	7
	18	Add lines 16 and 17	1	8 15,454.				
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812		1	
	20	Amount from Schedule 3, lir	•				2	0
	21	Add lines 19 and 20					2	1
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0			2	2 15,454.
	23	Other taxes, including self-e	•				2	
	24	Add lines 22 and 23. This is			•			15,454.
Payments	25	Federal income tax withheld						
. ayınıdını	а	Form(s) W-2				 25a 16	,543.	
	b	Form(s) 1099				25b		
	C	Other forms (see instruction				25c		
	d	Add lines 25a through 25c	•				25	5d 16,543.
If you have a	26	2023 estimated tax paymen					2	
If you have a l qualifying child,	27	Earned income credit (EIC)		• •		27		
attach Sch. EIC.	28	Additional child tax credit fro			_	28		
	29	American opportunity credit				29		
	30	Reserved for future use .				30		
	31	Amount from Schedule 3, lir						
	32	Add lines 27, 28, 29, and 31	3	2				
	33	Add lines 25d, 26, and 32. T						1.5 5.10
Refund	34	If line 33 is more than line 24					3	
	35a	Amount of line 34 you want	-			•		1 000
Direct deposit?	b	Routing number 1 1 1					Savings	
See instructions.	d	Account number 1 9 9						
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36		
Amount	37	Subtract line 33 from line 24	I. This is the am e	ount vou owe				
You Owe		For details on how to pay, g					3	7
	38	Estimated tax penalty (see in	nstructions) .			38		
Third Party Designee		you want to allow another	•		rn with the IRS?		mplete belo	w. 🗵 No
200.900	De	signee's		Phone		Perso	nal identificati	
	naı	me		no.		numb	er (PIN)	
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com						, ,
Here	Yo	ur signature		Date	Your occupation			sent you an Identity
	Di	vya Teja Telu		28Jan2024	STUDENT		Protection (see inst.	n PIN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return,	hath must sian	Date	STODENT Spouse's occupati	,	·	
Keep a copy for your records.	Эр	ouse's signature. If a joint return,	Date	opouse s occupan		the IRS sent your spouse an dentity Protection PIN, enter it here see inst.)		
	Ph	one no.		Email address	DIVYATEJA9	6@GMAIL.CO	M	
Daid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN	Check if:
Paid	VENK	ATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P0247083	3 Self-employed
Preparer		m's name GLOBAL TA	1					o. (678)965-9522
Use Only			Y CT E BRU	NSWICK N	J 08816		Firm's El	
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV 01/21/24 PRO		Form 1040 (2023)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

DIVYA TEJA TELU

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

	Sequence No. 01
Your soc	ial security number
369-61	-9386

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ich Schedule E .	5	0.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()	
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()	
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter			
	1040, 1040-SR, or 1040-NR, line 8		10	0.

Schedule 1 (Form 1040) 2023 Page **2**

Par	Adjustments to Income				
11	Educator expenses			 11	
12	Certain business expenses of reservists, performing artists, and fee-b				
	officials. Attach Form 2106			 12	<u> </u>
13	Health savings account deduction. Attach Form 8889			 13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903 .			 14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	<u> </u>
16	Self-employed SEP, SIMPLE, and qualified plans			16	<u> </u>
17	Self-employed health insurance deduction			 17	
18	Penalty on early withdrawal of savings			 18	
19a	Alimony paid			19a	
b	Recipient's SSN				1
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			 20	
21	Student loan interest deduction			21	
22	Reserved for future use			 22	
23	Archer MSA deduction			 23	
24	Other adjustments:				
а		24a			
b	Deductible expenses related to income reported on line 8l from the				1
		24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				1
	·	24c		_	
d	' '	24d			1
е	Repayment of supplemental unemployment benefits under the Trade				
		24e		-	
f		24f		-	1
g	· · · · · · · · · · · · · · · · · · ·	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	,	24h		-	1
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect tax law violations				
	<u>-</u>	24i		-	1
j		24j		-	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form	.41-			
_	,	24k		-	1
Z	Other adjustments. List type and amount:				
25		4z		25	
25 26	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . E Form 1040, 1040-SR, or 1040-NR, line 10			26	
	1011111070, 1070 011, 01 1070 1111, IIIIC 10		<u> </u>	 20	<u> </u>

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

DIV	YA TEJA TELU						369-6	1-9386	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you	are an indiv	vidual, repo	ort farm
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	1099? S	See ins	structions.		. Yes	s 🛛 No
	If "Yes," did you or will you file required Form(s) 1099? .								
1a	Physical address of each property (street, city, state, ZIF								
Α	RAJENDRANAGAR HYDERABAD TELANAGANA IN	5000)30						
В									
1b	Type of Property (from list below) 2 For each rental real estate prope above, report the number of fair				Fa	ir Rental Days	Person Da		QJV
Α	personal use days. Check the Q			Α		365		0	
В	if you meet the requirements to f			В					
С	qualified joint venture. See instru	ictions	5.	С					
Type	of Property:								
1	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	tal	5 Land 6 Roya			Self-Rental Other (desc	ribe)		
						Propert			
Incor	ne:			Α		В			С
3	Rents received	3			80.				
4	Royalties received	4							
Expe	nses:	<u> </u>							
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,2	50.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		1.1	00.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13							
14	Repairs	14		2,3	50.				
15	Supplies	15		2,8	20.				
16	Taxes	16							
17	Utilities	17		2,9	90.				
18	Depreciation expense or depletion	18							
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		10,5	10.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-10,0	30.				
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(0.)	()	(
23a	Total of all amounts reported on line 3 for all rental prope	rties			23a		480.		
b	Total of all amounts reported on line 4 for all royalty prop	erties			23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	10),510.		
24	Income. Add positive amounts shown on line 21. Do not	t includ	de any lo	sses			. 24		
25	Losses. Add royalty losses from line 21 and rental real estate	e losse	es from lin	e 22. E	nter to	tal losses he	re 25	(0.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, and IV, and line 40 on page 2 do no Schedule 1 (Form 1040), line 5. Otherwise, include this ar						on		0.

Form **8582**

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2023

Attachment Sequence No. 858

Name(s) shown on return DIVYA TEJA TELU

Department of the Treasury

Internal Revenue Service

Identifying number 369-61-9386

Pai	t I 2023 Passive Activity Loss	S						
	Caution: Complete Parts IV ar	nd V before compl	eting Part I.					
	al Real Estate Activities With Active Pa ance for Rental Real Estate Activities			ive participation, s	ee Special			
1a	1a Activities with net income (enter the amount from Part IV, column (a)) 1a							
b	Activities with net loss (enter the amo)						
С	Prior years' unallowed losses (enter the)			
d	Combine lines 1a, 1b, and 1c	<u> </u>	<u> </u>	<u> </u>		1d		
All Ot	her Passive Activities							
2a	Activities with net income (enter the a	mount from Part V	', column (a)) .	2a	0.			
b	Activities with net loss (enter the amo	unt from Part V, co	olumn (b))	2b (-	10,030.)			
С	Prior years' unallowed losses (enter the)			
d	Combine lines 2a, 2b, and 2c					2d	-10,030.	
3	Combine lines 1d and 2d and subtra zero or more, stop here and include prior year unallowed losses entered normally used	this form with you on line 1c or 2c. F	ur return; all losse	es are allowed, inc	luding any	3	-10,030.	
	If line 3 is a loss and: • Line 1d is a						10,030.	
		loss (and line 1d is	zero or more). sk	ip Part II and go to	line 10.			
Cauti	on: If your filing status is married filing	•	•			vear,	do not complete	
	. Instead, go to line 10.		,	,	3 .	,		
Par	t II Special Allowance for Rei	ntal Real Estate	Activities With	Active Participa	ation			
	Note: Enter all numbers in Par	t II as positive amo	ounts. See instruc	tions for an examp	ole.			
4	Enter the smaller of the loss on line 1					4		
5	Enter \$150,000. If married filing separ	-						
6	Enter modified adjusted gross income							
	Note: If line 6 is greater than or equal on line 9. Otherwise, go to line 7.	to line 5, skip line	s 7 and 8 and ent	er -0-				
7	Subtract line 6 from line 5			7				
8	Multiply line 7 by 50% (0.50). Do not e					8		
9	Enter the smaller of line 4 or line 8. If	line 3 includes any	/ CRD, see instruc	ctions		9	0.	
Par			. tatal			40		
10	Add the income, if any, on lines 1a an					10	0.	
11	Total losses allowed from all passiv out how to report the losses on your t					11	0.	
Par							0.	
· ai	Complete Time Late Bolor							
		Currer	nt year	Prior years	Ove	rall ga	in or loss	
Name of activity (a) Net income (b) Net loss (c) Unallowed (line 1a) (line 1b) loss (line 1c) (d) Gain							(e) Loss	
		, ,	, ,	` '				
		1		1				

Total. Enter on Part I, lines 1a, 1b, and 1c

orm 8582 (2023) Page **2**

Port V	•	- D	art Llines O	- Oh	and Oa C	'aa inatuus	tions			Page 2	
Part V	Complete This Part Before	e P			anu 2c. S						
	A1		Current year			Prior ye	ears	Overa	ll ga	ain or loss	
	Name of activity	(a) Net income (line 2a)		(b) Net loss (line 2b)		(c) Unall		(d) Gain		(e) Loss	
RAJENDRA	NAGAR		0.		10,030.					10,030.	
	on Part I, lines 2a, 2b, and 2c		0.		10,030.						
Part VI	Use This Part if an Amour	nt Is	Shown on F	Part II,	Line 9. S	ee instruc	tions.				
	Name of activity	an to	rm or schedule ad line number be reported on se instructions)	(a) Loss	(b) Ra	itio	(c) Special allowance		(d) Subtract column (c) from column (a).	
Total						1.00)				
Part VII	Allocation of Unallowed L	oss	ses. See instr	uction	s.						
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ratio	(c	e) Unallowed loss	
RAJENDRA	NAGAR		E Ln 2	2		10,030.	1.00000000		10,030.		
										•	
Total						10,030.		1.00		10,030.	
Part VIII	Allowed Losses. See instr			-	I	,				. ,	
	Name of activity		Form or sche and line nun to be reporte (see instruct	nber ed on	(a) l	_oss	(b) Ur	nallowed loss		(c) Allowed loss	
RAJENDRA	NAGAR		E Ln 2	2	-	10,030.		10,030.		0.	
Total						10,030.		10,030.		0.	